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Date October 25, 2005 Pages Including cover 7

Subject Fee(s) Transmittal - Appl. No. 10/009,145¹

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Re: Fee(s) Transmittal
Application of David Leroy CARLTON et al.
U.S. Serial No.: 10/008,145; Filed: November 8, 2001
Date of Mailing "Notice of Allowance and Fees Due": July 26, 2005
Confirmation No. 8459
Title: *High Throughput Crystal Form Screening Workstation and Method of Use*
Attorney Docket No. PU3657USW

Attached:

1. Transmittal Form with Certificate of Transmission (37 CFR 1.8(a))
2. Fee(s) Transmittal (Part B), in duplicate with Certificate of Transmission (37 CFR 1.8(a))
3. Request for Reconsideration of Calculation of Patent Term Adjustment (3 pages)

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<h2 style="text-align: center;">TRANSMITTAL FORM</h2> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	10/009,145
		Filing Date	November 8, 2001
		First Named Inventor	David Leroy CARLTON
		Att Unit	1743
		Examiner Name	Gakki, Yelena G
Total Number of Pages in This Submission		Attorney Docket Number	PU3657USw

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD Remarks: _____	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fee(s) Transmittal (in duplicate) Request for Reconsideration of Calculation of Patent Term Adjustment
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	GLAXOSMITHKLINE	
Signature		
Printed name	Michael Strickland	
Date	October 25, 2005	Reg. No. 47,115

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the		
Signature		
Typed or printed name	Marjorie J Pfeiffer	Date
		October 25, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 38 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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